

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: WEST NILE VIRUS VACCINE

Attorney Docket Number:: 252007

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Alexander
Middle Name:: A.
Family Name:: KHROMYKH
City of Residence:: The Gap
State or Prov. of Residence:: Queensland
Country of Residence:: Australia
Street of mailing address:: 12 Devonhill Street
City of mailing address:: The Gap
State or Province of mailing address:: Queensland
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4061

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Roy
Family Name:: HALL
City of Residence:: Graceville
State or Prov. of Residence:: Queensland
Country of Residence:: Australia
Street of mailing address:: 4 Haldene Street
City of mailing address:: Graceville
State or Province of mailing address:: Queensland
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 4075

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/AU2004/001505	10/29/04
PCT/AU2004/001505	An application claiming the benefit under 35 USC 119(e) of	60/515,267	10/29/03

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name::	The University of Queensland
Street of mailing address::	
City of mailing address::	St. Lucia
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4072